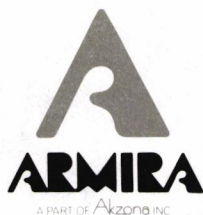


1AD096514591



November 18, 1980

EPA - Region VII
RCRA Activities
P. O. Box 15606
Kansas City, Missouri 64106



R00407865
RCRA RECORDS CENTER

Gentlemen:

RE: Amendment to Notification of Hazardous Waste Activity
EPA Identification No. IAD096514591

On August 18, 1980, Armira Corporation submitted a Notification of Hazardous Waste Activity for its Muscatine Tannery.

On October 30, 1980, EPA made several changes in the regulations which directly affect the leather tanning industry and Armira's Muscatine Tannery. These changes are:

Adoption of an Interim Final Amendment (Vol. 45 FR, page 72035) excluding temporarily wastes which are deemed hazardous solely due to the presence of chromium but which contain trivalent chrome almost exclusively, including tannery wastes, waste leather scrap from the leather tanning, shoe manufacturing, and other leather product manufacturing industries.

Adoption of a Final Amendment to the Listing of Hazardous Wastes (Vol. 45 FR, page 72037) removing leather tanning industry wastes from hazardous waste listing because of the other regulatory actions taken on chromium-bearing wastes.

Issuance of a Proposed Amendment (Vol. 45 FR, page 72029) changing the characteristic of the extraction procedure test to apply to hexavalent chrome rather than total chromium and changing the method for analyzing for the presence of hexavalent chromium.

As a result of these changes, Armira has deleted the following wastes from Section IX, Description of Hazardous Wastes, B - Hazardous Wastes from Specific Sources: K053 and K056.

NOV 24 1980

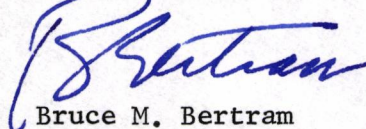
EPA - Region VII
Page 2
November 18, 1980

Armira has checked Box Number 3, "Reactive," under Section IX - Description of Hazardous Wastes, E - Characteristics of Non-Listed Hazardous Wastes, to cover the discharge of an alkaline unhairing solution through a force main to the tannery pretreatment section of the Muscatine POTW.

An amended Notification of Hazardous Waste Activity is included herewith.

Very truly yours,

ARMIRA CORPORATION



Bruce M. Bertram
Manager of Engineering

BMB/pa

Enclosure

Copies to: Mack Day
Bill Dooley
Frank Rutland

REGISTERED MAIL

FOUR STAR BOND

SOUTHWORTH CO. U.S.A.

25% COTTON FIBER



INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

INSTALLATION'S EPA I.D. NO.	IADO96514591
I. NAME OF INSTALLATION	ARMIRA CORPORATION 1602 Musser Street Muscatine, Iowa 52761
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	1602 Musser Street Muscatine, Iowa 52761

FOR OFFICIAL USE ONLY

[illegible]

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)			
S										T/A	C				
F											1				
1	2					13	14	15		16			17	18	19

I. NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

		STREET OR P.O. BOX																										
C																												
3		1	6	0	2	M	U	S	S	E	R	S	T	R	E	E	T											45
15	16																											
		CITY OR TOWN																		ST.		ZIP CODE						
C																												
4		M	U	S	C	A	T	I	N	E											I	A	5	2	7	6	1	
15	16																			40	41	42	43			44		

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER																							
C 5	1	6	0	2	M	U	S	S	E	R	S	T	R	E	E	T							
15	16																	45					
CITY OR TOWN																	ST.		ZIP CODE				
C 6	M	U	S	C	A	T	I	N	E								I	A	5	2	7	6	1
15	16																40	41	42	47	-		

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)												PHONE NO. (area code & no.)																								
C																																				
2	B	E	R	T	R	A	M	B	R	U	C	E	M	G	R	E	N	G	I	N	E	E	R	I	N	G	4	1	4	4	5	7	5	5	1	1
	15	16																							45	46	48	49	51	52	53	55				

V. OWNERSHIP

		A. NAME OF INSTALLATION'S LEGAL OWNER																																			
C																																					
8		A	K	Z	O	N	A	I	N	C	O	R	P	O	R	A	T	E	D																		
	15	96																		7												95					

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	M	<input checked="" type="checkbox"/> A. GENERATION	<input type="checkbox"/> B. TRANSPORTATION (complete item VII)
		<input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (*transporters only – enter “X” in the appropriate box(es)*)

☐ **A. AIR** ☐ **B. RAIL** ☐ **C. HIGHWAY** ☐ **D. WATER** ☐ **E. OTHER (specify):**

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input type="checkbox"/> A. FIRST NOTIFICATION	<input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION <i>(complete item C)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="11" style="text-align: center;">C. INSTALLATION'S EPA I.D. NO.</th> </tr> <tr> <td style="text-align: center;">I</td> <td style="text-align: center;">A</td> <td style="text-align: center;">D</td> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> <td style="text-align: center;">6</td> <td style="text-align: center;">5</td> <td style="text-align: center;">1</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">9</td> <td style="text-align: center;">1</td> </tr> </table>	C. INSTALLATION'S EPA I.D. NO.											I	A	D	0	9	6	5	1	4	5	9	1
C. INSTALLATION'S EPA I.D. NO.																									
I	A	D	0	9	6	5	1	4	5	9	1														

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY													
S												T/A	C
W												1	1
1	2										13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)


☐ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Bruce Bertram Manager of Engineering	DATE SIGNED 11/17/80
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